

CERT. NO	
EXAM NO.	

COMMONWEALTH OF KENTUCKY ENVIRONMENTAL AND PUBLIC PROTECTION CABINET OFFICE OF HOUSING, BUILDINGS AND CONSTRUCTION DIVISION OF PLUMBING 101 SEA HERO ROAD, SUITE 100 FRANKFORT, KENTUCKY 40601-5405 (502) 573-0397 FAX (502) 573-1058

APPLICATION FOR LICENSE AS MASTER PLUMBER

I hereby make application for examination and license as a Master Plumber. The exam fee of \$150.00 is enclosed.

A RECENT PHOTOGRAPH MUST ACCOMPANY THIS APPLICATION.

ALL OUESTIONS ON THE APPLICATION MUST BE ANSWERED. PLEASE TYPE OR PRINT ANSWERS

THE QUESTIONS ON THE INTERCLITION IN			
1. Are you an engineer registered in Kentucky?	5. NAME:(First) (Initial) (Last)		
□ Yes □ No	(First) (Initial) (Last)		
	Address:		
Do you have experience in mechanical engineering?	(Street, Route or Box Number)		
□ Yes □ No	City State Zip		
If yes, list your experience on a separate sheet and	County:		
attach it to this application.	Social Security Number:		
	Birthdate: Height Weight		
2. Are you a Master Plumber in another state? □ Yes □ No	6. Were you licensed as a Journeyman before you received a Master Plumber's License in another state?		
If yes, list each state and date you were first licensed:	□ Yes		
Date	□ No		
Date			
3. Are you currently licensed as a Journeyman in KY or in another state?	7. Are you a U.S. Citizen?		
or in another state? ☐ Yes ☐ No If yes, list each state and date you were first licensed:	□ Yes □ No		
Date	If not, have you filed for naturalization papers?		
Date	□ Yes □ No		
Date			
4. How long have you worked at the business of Plumbing?	8. Have you previously applied for Master Plumber's License in the State of Kentucky? □ Yes □ No		
Months Years	Date of Last Examination:		
	Month / Year Results of Examination:		



State the extent of your education (including training, trade school, correspondence	courses, etc.).	
. Give name and complete address of last three employers.		
Name of Employer:	From	, 20
Address:	То	, 20
Name of Employer:	From	, 20
Address:	To	, 20
Name of Employer:	From	, 20
Address:	To	, 20
e applicant, whose name is,		y sworn declares that the personally signed this
oscribed and sworn to before me this day of	, 20	
Commission Expires: Notary	Public	
ritten:	Approxima 2" x 2 3	
eneral Average:%	Applicant's	Photo
**************************************	No Staples I	